PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

088477.-0159

003(13 0(1												, - ,
		CLAIMS A	S FILED (Column		(Column 2)		SMA		NTITY	OR		R THAN . ENTITY
TOTAL CLAIMS			1)				RA	TE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	385.00	OR	BASIC FE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	// minus 20=		* 0		xs	9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 in	inus 3 =	· 0		X4		 	1		
MULTIPLE DEPENDENT CLAIM PR			RESENT				_^~		<u> </u>	OR	X86=	
+ M.A 2''							+14	5=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							. CM/	.1.1	ENTITY	00	OTHER SMALL	
_	T	(Column 1)		(Colum		(Column 3)	31417	·LL	CMILLI	OR	SWALL	CIVILIA
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$!)=		OR	X\$18=	
AME	Independent	*	Minus	***	·	=	X43	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	; <u> </u>		OR	+290=	
								TAL			-	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
8		CLAIMS REMAINING		HIGHE					ADDI-	1 1		ADDI-
H		AFTER		NUMB PREVIO		PRESENT EXTRA	RAT	εl	TIONAL		RATE	TIONAL
EN		AMENDMENT		PAID F		CATTA		_	FEE	1 1		FEE
AMENDMENT B	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		= .	X43			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv				
								=		OR	+290=	•
								EE L		OR A	TOTAL DDIT: FEE	
	(Column 1) (Column 2) (Column 3)								٠.			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	R JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL
	Total		Minus	**		=	X\$ 9		FEE	ا م	X\$18=	FEE
	Independent	*	Minus	***		=	X43=	\dashv		OR		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		OR	X86=	
					•		+145:	-		OR	+290=	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
T	he "Highest Num	mber Pr viously Paid ber Previously Paid	For" (Total or	SPACE is I Independent	ess than t) is the f	3, enter "3." highest number	ADDIT. Fi		priat box			